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**PROCEEDINGS OF THE JOINT SESSION ON STATE
REGISTRATION OF THE NATIONAL LEAGUE FOR
NURSING EDUCATION AND THE AMERICAN NURSES'
ASSOCIATION, HELD IN ORCHESTRA HALL, CHI-
CAGO, JUNE 5, 1912. (ABRIDGED.)**

(One of the most interesting sessions held during the week of the Chicago conventions was that on state registration as a joint session of the two national societies. The discussions and papers were too lengthy to be published with the Proceedings of the American Nurses' Association in the August issue of the JOURNAL, but will be given in installments in successive numbers.—Ed.)

THE joint session on state registration was called to order on the evening of June 5, at 8.25, by the chairman, Mary M. Riddle, R.N., of Massachusetts, who said, in part:

“We are assembled here to-night for the consideration of a subject which is near to the heart of every nurse and which concerns not only her vital interest but the interests of the sick world which is leaning upon her. What better could we do than to look to that state for the lead in this matter, especially in the eastern part of our great country, that has furnished so many of us wise counsel and strict laws which we have felt obliged to follow if we were to be allowed a part in the registration of that great state?

“It gives me very much pleasure to introduce Miss Goodrich, of New York.”

**A GENERAL PRESENTATION OF THE STATUTORY
REQUIREMENTS OF THE DIFFERENT STATES**

By ANNIE W. GOODRICH, R.N.

I THINK it is wonderful that we have come together in this great hall to-night at the end of only eleven years to discuss the question of legislation concerning the practice of nursing. I know of no feature in our progress that is more encouraging or more inspiring than our legislation. Are our laws, you say at once, so satisfactory? No, certainly not. They are conspicuously weak and inefficient in almost every state, but what does legislation evidence? It evidences organization, unity of purpose, strength, professional progress, and, above all, the establishment, to the satisfaction of the community, that this profession has a definite service to render to the race.

As it is written on the statute books of one of our states—"An act to amend the public health law relative to the practice of nursing."

To go into all the details this evening of these statutory differences would take far too much time that could be more profitably devoted to discussion. Nor is it necessary that we should, for we can now refer those who desire to make a study of these matters to various publications: The bulletin issued this year by the Board of Education in Washington; the Annual Report of the New York State Education Department, together with their pamphlets, such as the syllabus and the handbook containing a summary of the laws, etc.; Miss Louie Croft Boyd's "State Registration for Nurses" published by Saunders & Company and now under revision; and, for immediate study, to the comprehensive and interesting exhibit prepared for the convention by Miss Giles.

But in order that those who are not immediately in touch with our legislation may have a clear understanding of the papers to be presented, I beg to submit certain statistics, together with a brief outline of the statutory requirements and results already obtained.

We had some difficulty in getting information. A questionnaire was sent out. Possibly some of the copies did not go to the right authorities, but I am very grateful to the many who did reply and I naturally feel that I am, perhaps, greatly at fault myself, because in the many phases of work that came up this last winter unexpectedly I was unable to give it the attention of which it was worthy.

There are now laws regulating the practice of nursing on the statute books of thirty-three states, seven of which are compulsory; that is to say, they forbid the practice of any person as a graduate, trained, or registered nurse without a license. The others are permissive only "who may practise as a registered nurse." They were obtained in the following order: in 1903, four—North Carolina, New Jersey, New York, and Virginia; in 1904, one—Maryland; in 1905, four—Indiana, California, Colorado, and Connecticut; in 1907, seven—New Hampshire, District of Columbia, Iowa, West Virginia, Minnesota, Illinois, and Georgia; in 1909, nine—Wyoming, Washington, Texas, Oklahoma, Nebraska, Delaware, Pennsylvania, Missouri, and Michigan; in 1910, one—Massachusetts; in 1911, five—Tennessee, Idaho, Oregon, Wisconsin, and Vermont.

The information concerning the total number of schools registered as maintaining standards meeting the requirements of the law, is too incomplete to be of value. In a number of states the schools have not as yet been standardized. The total number reported as registered in the different states is 508, representing 14 states. The total number of nurses reported as registered, 32,972, representing 20 states. This is

unquestionably an underestimate of the number. The largest number registered in any state is in New York, 8960 having registered with 128 registered schools.

The population of New York was reported as 9,113,614 in 1910. The daily average of patients reported last year in registered hospitals was 31,424, making the proportion of hospital beds to inhabitants approximately 1 to 290. (This includes the nine registered state hospitals for the insane, whose total number of beds is something over 18,000.)

That report applies to hospitals for the insane, though this is an item that will interest you. Nearly fifty per cent. of the beds that we report in the registered hospitals are in the nine state hospitals for the insane. That statistic is appalling to me.

The second state is Massachusetts, which reports 6,000 registered; their total number of beds, 6,505, exclusive of beds in hospitals for the insane, the latter numbering 10,674. The population of Massachusetts in 1910 was 3,366,416—one hospital bed to about 515 patients, exclusive of beds in hospitals for the insane.

I remember, a few years ago, reading an article in an architectural magazine calling attention to the need of architects conversant with hospital construction and saying that the proportion of beds in the hospitals of Massachusetts at that time to the inhabitants was one to one thousand, and at the present rate of increase it would soon be about one to one hundred.

There appear to be four distinct lines of legal requirements, preliminary education, professional training, licensing tests, and registry.

Preliminary Education.—In nineteen states there is no regulation concerning the educational qualification required; six require high school training or its equivalent; four one year of high, or its equivalent; three require completion of the grammar school.

Evidence of Educational Qualifications.—Where institutions are registered, the diploma is a certification that the requirements of educational qualifications are met. In some states a statement of the educational qualification is required on the educational blank. In one state, only, evidence of the educational qualification is required to be filed and approved by the Registering Board before the admission of the pupil to the school of nursing. This is a recently made requirement and has caused much agitation in the state where it was issued.

Professional Education.—Twenty-one states require a two-year course; nine require three years; two make no requirement, and the requirement of two is not known. Twenty require the experience to be obtained in a general hospital, six in a hospital or sanitarium, two do

not specify where the experience shall be obtained, two specify that the experience shall be in medical, surgical, and obstetrical nursing in a public or private hospital, one requires medical and surgical nursing.

Licensing Test.—All the laws require an examination, but provide waivers, generally to include all those practising nursing at the time of the passage of the act. Seventeen laws have a reciprocity clause providing for the registration without examination of nurses registered in other states whose laws have equal requirements. All laws require a fee from applicants for registration. In five states the fee is \$10; in the remainder, \$5.

All those items are rather important. About the question of the fee I do not dare to talk very much, because I feel that I shall take somebody else's time. But if a fee of ten dollars can possibly be required that, of course, gives a fund in the treasury for the carrying on of the inspections and other expenses, which will be of infinite value in standardizing the schools. The fee of five dollars in a small state brings in so little money that it is impossible to do very much work.

Boards of Examiners.—The Board of Examiners in twenty-nine states, including New Jersey, whose law has just been amended, is composed wholly of nurses. Nine boards have nurses and physicians, two states have no board of examiners, in one state the board is composed entirely of physicians. I am sorry to have to say so, but I am going to say it, that it is much easier to get information where boards are composed of nurses than otherwise, because we are interested in our own profession and members of other professions have something else to do. In eleven states the nomination of the members of the board is made by the State Nurses' Association, in twelve by the Governor, in four by the Board of Health. In seventeen states the board is appointed by the Governor, in six by the Medical State Board, in one by regents.

Regulations are made covering the salary of the secretary, the amount appropriated ranging from \$50 to \$500. The amount paid to the examiners is \$4, \$5, and \$10 daily, when occupied. There are also regulations governing meetings, dates of examination, etc.

Inspection.—There appear to be two definitely appointed inspectors, one in Illinois, and one in New York. The law in one state, Idaho, provides that the president of the board shall inspect the schools; in Iowa, that a member of the board shall do so. Three states report inspection of a somewhat similar character—Virginia, New Hampshire, and Washington. A not inconsiderable number report informal inspections.

At least ten states have issued a syllabus, prepared generally by the

Board of Examiners for the state by the State Nurses' Association. In one, Virginia, the syllabus issued by the National Hospital Conference has been adopted.

I will quote from two of many letters I received :

The direct results of our registration requirements have been in the change from a two-year to a three-year course in all schools, and the discontinuance of the former universal practice of sending out pupils for private work. Indirectly, we are getting results through the enlightenment the Act has brought to pupils themselves as to what should be required of them and by them, and through the supervision all schools are being made to feel they are under, by both the State Association Executive Board and the State Board.

Conditions are still deplorable in even our best schools—both through indifference and lack of funds—but we know them to be appreciably better than they were five years ago, when our legislation was secured.

Registration in our state has made improvement in most of the training schools, one poor school has gone out of existence. I don't feel there is one school that we could call indifferent. One member of the board visits the schools in the state as it seems necessary. We visited each school the first year the law was in effect, and many the second. The schools seem anxious and willing to do what is expected of them and are friendly to the board.

In almost every communication we have received, while the inefficiency of the law has been deplored, it has been asserted that, nevertheless, such laws have had a beneficial result in raising the standard of the schools and leading to greater uniformity in curricula. I would like to make one recommendation concerning the work which could be done and should be done, I think, by state associations. We believe that very valuable knowledge could be obtained, and far-reaching work be done, if, in every state, reports could be made to the State Nurses' Association of the institutions in that state, their number, their nature, and other important details—in the states where inspection obtains, by the inspectors, in others, by the Board of Examiners, who could so divide the state as to minimize the work of each member. In states without legislation, some method of obtaining this information could be determined by the State Association. These reports to be submitted by the State Associations to the American Nurses' Association, who could then prepare a report for the Board of Education in Washington.

A comparison of the statistical report of the Bulletin of Education with the reports received from the Board of Examiners shows great discrepancies in statistics. These reports come directly from the institution to the Department. Undoubtedly many hospitals do not report, nor has there ever been any attempt to classify properly the institutions; and it seems to me that the above suggestion might aid such a classification.

I beg to state here that while this statistical report is included with Miss Nutting's monograph, she was in no wise responsible for the preparation of the statistics.

My study of the various laws, which has been extremely superficial, I must admit, together with the knowledge I have gained during the past eighteen months, lead me to believe that in the New York State law we have more nearly approached the ideal than in any other. Our strength is threefold. We come under the Public Health law and, are, therefore, admitted to have a definite part in the health of the community. By the placing of the schools under the Regents, we have become part of a world-renowned and almost unique educational system. The regulations governing the education of the nurse are, therefore, in the hands of educational experts, and such regulations must accord with the regulations governing all the other professions. We have the assistance, and this is no small item, of machinery already well established, as the divisions of the Department exemplify. We do not have there a department of law, of medicine, of public schools, etc., but we have the statistical division, the examinations division, the inspections division. And our third and greatest strength lies in our law's requirement of co-operation on the part of the Department of Education with our State Nurses' Association. Our Board of Nurse Examiners is, it is true, appointed by the Department, but the nominations of the members are made by the State Association. I only wish that our Advisory Council and the Inspector were nominated by the Association also.

The New York State law has, however, a great weakness—a weakness that retards our progress and handicaps the Education Department beyond words. Our law is permissive only, though in the face of the splendid and ever-increasing response on the part of the graduates of our registered schools—the number coming up for examination increasing every year—we cannot fear for the future; and the history of our state is but the history in a greater or lesser degree of every other. Nevertheless, I want to make one earnest plea for compulsory legislation—not who may practise as a registered nurse, or who shall practise as a graduate, trained, or registered nurse, but who shall practise as a *nurse*. Surely, if we can call ourselves the American Nurses' Association we can go on the statute books in the same way. I make a plea for such registration, not for the protection of the nurse, but of the community. We are, in truth, public servants, and the knowledge that we should bring to our service is too great, and our responsibility too wide, for us longer to allow the individual institution for the sick to determine what our professional preparation shall be. Such legislation would necessitate a compliance

with the educational requirements on the part of every school of nursing. The short-course school, a greater menace to the public safety than is generally realized, would be obliged to change its name, and such legislation would turn back into the attendant class, many young women who, while personally qualified, are not educationally equipped for the scientific preparation so evidently needed for the wider fields of nursing activities of to-day.

I have said our laws are weak and inefficient, and so they are. That our educational system is defective none can dispute; but as we listened to that superb report of our Interstate Secretary yesterday, it seemed, despite the shadow of patient, lonely struggle in the waste places, an extraordinary picture of organized progress, and the more extraordinary because of the demanding nature of our work. Whatever her field, I think we must unanimously admit that the nurse is more entirely excluded from outside interests—social, civic, educational—than the members of almost any other profession, and we cannot but ask wherein lies her power, to what is due this ability to organize so forcefully, progressively, and harmoniously.

The nature of our calling developing, as it does, all the highest attributes in human nature, unquestionably plays the greatest part; but I am inclined to think that two very potent factors in this development have been certain features of our institutional preparation, features that we are at present striving to modify, if not abolish—the militarism, that splendid drilling in the subordination of self to the machine, and the overdemand in work and responsibility which is so wonderful a developer of resourcefulness, executive ability, and indomitable courage.

Do not understand me as deprecating the modification of either of these features. I am the ardent advocate of such modification; but a building whose foundation-walls project beyond a certain elevation would not be structurally correct, and we have gone beyond our foundation-wall. I am only paying a passing tribute to a system to which I believe we are deeply indebted.

We have been in existence as a profession not more than fifty years, and our first society was organized here barely twenty years ago, but we are meeting this week in this metropolis of the Middle West, a great organization, representing over twenty thousand members and thirty-eight state associations, together with two national bodies representing special activities—one of an equal number of years' standing, and the other in formation.

Can we not boastfully say we have our patriots, our educators, and our statesmen—with what a record of professional work! Consider the

remarkable development in the Red Cross nursing service in two years only, for which we are indebted to the great organizing ability of one of our members.

We read with pride the letter of transmittal accompanying a monograph on the educational status of nursing, the work of another, a letter which, I believe, has a sufficiently important bearing upon the subject we are presenting to-night, to permit of my reading:

DEPARTMENT OF THE INTERIOR
BUREAU OF EDUCATION

WASHINGTON, D. C., February 23, 1912.

SIR: Within comparatively recent years the trained nurse has become an important and constant helper of the physician, not only in public and private hospitals, but also in the home, taking the place of untrained watchers who, however willing, can render only an ineffective service. This work of nursing has rapidly advanced to the position of a profession requiring careful preparation for admission. Thirty states of the Union have enacted laws for its regulation, and all the other states will probably do the same within the next few years. In several of the larger cities, nurses are employed by the boards of education to visit the public schools, to look after the minor ailments of the pupils, and to assist in caring for their health. For the education and training of nurses, schools have been established and are maintained in most of the states. There are at present more than 1,100 such schools, with an attendance of approximately 30,000 students. For this reason the education of nurses and the educational status of nursing have become questions of general importance and public interest on which the Bureau of Education, in pursuance of the purpose for which it was established, should give information. I recommend that the manuscript be published as a bulletin of the Bureau of Education.

Respectfully submitted,

P. P. CLAXTON,
Commissioner.

The Secretary of the Interior.

Could we ask for more definite approval, or by a higher authority, of the work of one of our educators?

And to obtain legislation in not thirty, as the Commissioner said, but in thirty-three states, must we not in each state have had some leading spirits following the footsteps of the women who played so important a part in our first legislation only ten years ago, one of whom is to give the history of legislation to-morrow, one whose part has been great indeed, not only in her work in the state, but in the legislation of all the states through the pages of our *AMERICAN JOURNAL OF NURSING*? Have we not here evidence of statesmanship? Despite our defects, unsolved problems, even failures, as the steady tread of this triumphing army sounds in our ears, we dare to say they have, indeed, builded better than they knew.

MISS RIDDLE invited discussion of the paper.

MISS DUNCAN.—Miss Goodrich in her paper said she hoped the day would come when it would be compulsory for every nurse to be registered before she commences nursing. The question I would like to ask, is this: What shall we do with the experienced nurses, the nurses who are not graduates, if it comes to compulsory registration? I know, we all know, that not every patient can pay twenty-five dollars a week. I should like to know whether anybody has thought about the nursing and care of these people and what we are going to do with the experienced nurse. Can we register her or can we not?

MISS RIDDLE.—I take it you are not thinking so much about taking care of the experienced nurse as you are of taking care of the patients that she attends.

MISS DUNCAN.—Exactly, Miss Riddle. The people who cannot afford to pay twenty-five dollars a week.

MISS GOODRICH.—I feel like Mrs. Pankhurst, only, you see, I am not Mrs. Pankhurst, and I cannot answer questions offhand, as she does, very satisfactorily to the audience.

Let us begin this way: If we had compulsory registration no hardship could be worked to those who are already in the nursing field. We would consider at once that a very broad waiver would have to be allowed which would include all women who gave evidence of practising in good faith, who are nursing at the present time. But inasmuch as in those states—and I can speak positively for New York State—a public accountant cannot act in that capacity, a pharmacist cannot act in his capacity—a dentist, a lawyer, or a doctor—without giving evidence of meeting the state requirements of his profession, I cannot see why a nurse should not have to give evidence of meeting such requirements which fit her to take care of the sick. If there is another class of nurses needed, that class will come forward; but I think the community should know who is the nurse and who is not the nurse. They can have, as I have tried to say before, whom they will and they can pay what they will; but we as a profession owe it to them to make it definitely understood which is prepared to take care of their sick and which is not.

MISS DENNIS.—I should like to ask how to interest the State Board of Education in the matter of registration of nurses and I will explain why I am asking that question. Since our amendment in New Jersey was approved, which happened only about six weeks ago, many of the nurses, hearing that there was a provision for registration, have sent letters of inquiry and some applications for registration blanks to the State Board of Education of New Jersey. These have been forwarded to the Board of Examiners, then a personal letter followed from the State Commissioner of Education, asking for information concerning registration in the state of New Jersey, for a list of registered nurses, and for any literature that we might have on the subject. It seems to me that this indicates an interest in our work in the head of the State Board of Education. My question is how best to encourage such interest.

MISS GOODRICH.—I would like to suggest that to that board you send the Bulletin from the Bureau of Education in Washington, let them read that and study that piece of work on the educational status of the nurse. I think that would be sufficiently interesting to them. Give them Professor Winslow's report that was read last year in Boston. I think if they would read this literature they

would understand the work that is being done, the effort that is being made, and before very long I am sure we shall be approaching the boards of education throughout the country, asking them to establish colleges. That seems very far off, but it is not as far off as it sounds; and we want them, their interest and their knowledge, and wherever we have approached them they have shown just the interest that you speak of. It seems to me that you have very definitely established that they have your interest at heart, because in a state where we would never dream for a moment that you would get your amendment, you have carried it.

MISS EYRE.—I would like to say in reply to that question that in Colorado a school has been started for social service in connection with the State University for Social Service, which embraces a parallel course of education for nurses for all sorts of social and helpful work; and it seems to me that the member from New Jersey might suggest to that board of education that they start some movement of that sort in one of their institutions of learning. Try it out in one place and teach people, give them a preparatory course that may be of use to expectant pupils for the training schools. It seems to me that the time is coming when the work can be minimized to a great extent for hospital training schools. If the pupils could have some idea in connection with their ordinary ABC education, if there were a department in the high school where they might specialize in some way, then they could come into the training schools and not be green-horns, as they are now, to practise on the patients and on the forbearance of those who have them to train.

MISS MCNAMEE.—May I ask what position the practical nurse is looked upon as occupying—that is, a nurse that has had many years' experience under the very best doctors, taking care of sick children, babies, and even women? What standing has she?

MISS GOODRICH.—You mean, if we had a compulsory law? The woman who is to-day in the field, who has established a reputation, would come in under the waiver, but the girl of the future would not make the mistake of being an excellent practical nurse without the proper professional preparation.

MISS PALMER.—In the early days of the administration of the law in New York there was a provision in the law which required us to register under the waiver experienced practical nurses, who were willing to submit to a test in practical nursing. We had a special examination for such women. They came before the members of the board in the different cities where examinations were held, and were required to give a simple practical demonstration in such things as giving a bath, taking the temperature, making and changing the bed, and all those simple fundamental nursing procedures. We asked a few questions. We did not go into anything that required text-book knowledge but judged those women by the endorsement of responsible people, and by their ability to use their hands properly and answer intelligently the simple practical nursing questions. Now it seems to me when we make state registration compulsory over the length and breadth of the country, that we shall have to provide for these practical, capable women, who are doing good work and supporting themselves and taking care of people of moderate means; just such a simple practical test as that, to demonstrate their fitness to be recognized and to be registered under a waiver. It is the simplest thing in the world to do, and I know from the experience that I had that those who did come forward and take such an examination did not feel it to be a great hardship.